

MATTHEW W. GRIMSHAW, SBN 210424
GRIMSHAW LAW GROUP, P.C.
130 Newport Center Drive, Ste. 140
Newport Beach, California 92660
Tel: (949) 734-0187
Email: matt@grimshawlawgroup.com

BILL ROBINS III, SBN 296101
ROBERT T. BRYSON, SBN 156953
KEVIN POLLACK, SBN 272786
ROBINS CLOUD LLP
808 Wilshire Blvd., Ste. 450
Santa Monica, CA 90401
Tel: (310) 929-4200
Email: rbryson@robinscloud.com

Attorneys for Robert O'Brien individually and as
guardian ad litem for McKenna O'Brien and Kinsey
O'Brien; Mary Ellsworth; and Joshua Ellsworth

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF CALIFORNIA
SAN FRANCISCO DIVISION**

In re	) Case No. 19-30088 (DM)
PG&E CORPORATION,)
	) Chapter 11
and)
PACIFIC GAS AND ELECTRIC	) (Lead Case—Jointly Administered)
COMPANY)
Debtors	) Declaration of Robert T. Bryson in
	) Support of Motion to Amend Proof of
	) Claim No. 28994 Filed by Robert
Affects:	) O'Brien, or Alternatively, for the
	) Allowance of a Late-Filed Claim
<input type="checkbox"/> PG&E Corporation)
<input type="checkbox"/> Pacific Gas & Electric Company	) Date: February 24, 2021
<input checked="" type="checkbox"/> Both Debtors	) Time: 10:00 a.m. (Pacific)
	) Place: Telephonic/Video Appearance Only
* All papers shall be filed in the Lead	) United States Bankruptcy
Case, No. 19-30088 (DM).	) Courtroom 17,
) 450 Golden Gate Ave., 16th Floor
) San Francisco, CA 94102
)
) Objection Deadline: February 17, 2021

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Declaration of Robert T. Bryson

I, Robert T. Bryson, say and declare as follows:

1. I am an individual over 18 years of age and competent to make this Declaration.

2. I am an attorney at law duly admitted to practice before all courts of the State of California, in addition to the United States District Court for the Northern District of California.

3. I am an attorney with the law firm of Robins Cloud LP (the “Firm”), attorneys for Robert O’Brien individually and as *guardian ad litem* for McKenna O’Brien and Kinsey O’Brien (“Mr. O’Brien”); Mary Ellsworth; and Joshua Ellsworth (collectively, “Movants”). Movants retained the Firm to represent them in connection with damages resulting from the 2017 North Bay Fire (“Fire”).

4. The facts set forth below are true and within the scope of my personal knowledge, and if called upon to do so I could and would testify competently to these facts.

5. On October 16, 2019, the Firm filed Proof of Claim No. 28994 on behalf of Mr. O’Brien (“Claim”), a true and correct copy of which is attached hereto as Exhibit 1 and incorporated by this reference.

6. The Claim was prepared and filed under my supervision and states, among other things, that Mr. O’Brien, individually, suffered harm when the Fire damaged their home where Movants resided (“Home”).

7. Due to an oversight by the Firm, the Claim omitted averments for the damages suffered by (a) Mary Ellsworth (“Ms. Ellsworth”)—Mr. O’Brien’s wife; (b) McKenna O’Brien—Mr. O’Brien’s daughter; (c) Kinsey O’Brien—Mr. O’Brien’s daughter; and (d) Joshua Ellsworth—Ms. Ellsworth’s son (collectively, “Additional Claimants”).

8. Unfortunately, I failed to notice the omission of the Additional Claimants’ damages when I reviewed the Claim before it was filed, as did others in the Firm. It was not until January 2021 that the Firm’s mistake was discovered.

9. Movants seek to amend the Claim to include, among other things, the damages suffered by the Additional Claimants.

10. The sole purpose of the requested amendment is to fix the Firm’s error and ensure that

1 Movants are fully compensated for the panoply of injuries that they suffered as a result of Debtors'
2 actions.

3 11. This is Movants' first request to the amend Claim.

4 I declare under penalty of perjury that the foregoing is true and correct.

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7 Dated: January 29, 2021

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9 _____
10 ROBERT T. BRYSON
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EXHIBIT 1

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF CALIFORNIA (SAN FRANCISCO DIVISION)

In re:
PG&E CORPORATION,
- and -
PACIFIC GAS AND ELECTRIC
COMPANY,
Debtors.

Bankruptcy Case
No. 19-30088 (DM)

Chapter 11
(Lead Case)
(Jointly Administered)

Proof of Claim (Fire Claim Related)

Read the instructions before filing this claim form. This form is for tort claimants who have a claim against the Debtors (i.e. PG&E Corporation and Pacific Gas and Electric Company) that arose prior to the Debtors filing for bankruptcy (i.e. prior to January 29, 2019) and that arose from, or relates to, a fire.

Do not use this form for non-fire claims. Non-fire tort claimants should use Form 410.

Do NOT file a fraudulent claim. A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Please type or print in the spaces below. Do NOT use red ink or pencil.

Part 1: Identify the Claim

1. Who is the current creditor?	O'BRIEN, ROBERT Name of the current creditor (the person or entity to be paid for this claim)	
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
3. Are you filing this claim on behalf of your family? A family is a group of two or more people related by birth, marriage, domestic partnership, or adoption and residing together. All such people are considered as members of one family.	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If you checked "Yes", please provide the full name of each family member that you are filing on behalf of: _____	
4. Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent? Name: O'BRIEN, ROBERT Attorney Name (if applicable): Robins III, Bill Attorney Bar Number (if applicable): 296101 Street Address: 808 WILSHIRE BLVD. SUITE 450 City: SANTA MONICA State: CA Zip Code: 90401 Phone Number: (310)929-4200 Email Address: rbryson@robinscloud.com	Where should payments to the creditor be sent? (if different) Name: _____ Attorney Name (if applicable): _____ Attorney Bar Number (if applicable): _____ Street Address: _____ City: _____ State: _____ Zip Code: _____ Phone Number: _____ Email Address: _____
5. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ MM / DD / YYYY	
6. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	

Part 2: Give Information About the Claim as of the Date this Claim Form is Filed

7. What fire is the basis of your claim? Check all that apply.	<input type="checkbox"/> Camp Fire (2018) <input checked="" type="checkbox"/> North Bay Fires (2017) <input type="checkbox"/> Ghost Ship Fire (2016) <input type="checkbox"/> Butte Fire (2015) <input type="checkbox"/> Other (please provide date and brief description of fire: _____)
8. What are the loss location(s) where you and/or your family suffered harm? (e.g. home or business address, place of injury, place from which you were evacuated, if different.)	Location(s): <u>5867 Foothill Ranch Rd, Santa Rosa, CA 95404-1271</u> <u>226 Cambria Way, Santa Rosa, CA 95403</u>
9. How were you and/or your family harmed? Check all that apply	<input checked="" type="checkbox"/> Property Damage (homes, structures, personal property, land, trees, landscaping, and all other property damage) <input type="checkbox"/> Owner <input checked="" type="checkbox"/> Renter <input checked="" type="checkbox"/> Occupant <input checked="" type="checkbox"/> Other (Please specify): <u>helped family evacuate/escape</u> <input checked="" type="checkbox"/> Personal Injury <input type="checkbox"/> Wrongful Death (if checked, please provide the name of the deceased) Name: _____ <input checked="" type="checkbox"/> Business Loss/Interruption <input checked="" type="checkbox"/> Lost wages and earning capacity <input checked="" type="checkbox"/> Loss of community and essential services <input type="checkbox"/> Agricultural loss <input checked="" type="checkbox"/> Other (Please specify): <u>Automobile Loss</u>
10. What damages are you and/or your family claiming/seeking? Check all that apply	<input checked="" type="checkbox"/> Economic damages (including replacement cost of damaged property, diminution in value, loss of use, lost inventory, lost profits, and other economic damage) <input checked="" type="checkbox"/> Non-economic damages (including loss of society and support, loss of consortium, pain and suffering, emotional distress, annoyance and discomfort, and other non-economic damage) <input checked="" type="checkbox"/> Punitive, exemplary, and statutory damages <input checked="" type="checkbox"/> Attorney's fees and litigation costs <input checked="" type="checkbox"/> Interest <input checked="" type="checkbox"/> Any and all other damages recoverable under California law <input type="checkbox"/> Other (Please specify): _____
11. How much is the claim?	_____ (optional) <input checked="" type="checkbox"/> Unknown / To be determined at a later date

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

☐ I am the creditor.

☒ I am the creditor's attorney or authorized agent.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 10/12/2019 (mm/dd/yyyy)

/s/Bill Robins III

Signature

Name	Bill	Robins III
	First name	Last name

Title	Attorney at Law
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Company	Robins Cloud LLP
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Identify the corporate servicer as the company if the authorized agent is a servicer.

Address	808 Wilshire Blvd. Suite 450	
	Number	Street

Santa Monica	CA	90401
City	State	ZIP Code

Contact phone	3109294200	Email	rbryson@robinscloud.com
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